CHAPTER 7

SECTION 9   TUBERCULOSIS OCCUPATIONAL MEDICAL MONITORING PROGRAM

7.9.1   PURPOSE

This section establishes the mandatory Tuberculosis Occupational Medical Monitoring Program, gives responsibility to the senior line manager to ensure that guidelines for tuberculosis testing are made available to supervisors and employees, and states the guidelines for a Tuberculosis Occupational Medical Monitoring Program.

7.9.2   BACKGROUND

Tuberculosis is an infectious disease that may affect almost any tissue of the body, especially the lymph nodes and lungs. Tuberculosis can be transmitted from person-to-person and from animals to humans. In the United States today, human tuberculosis (caused by *Mycobacterium tuberculosis*) is fairly well under control, and cattle tuberculosis (caused by *Mycobacterium bovis*) is even more so. However, there are some categories of APHIS employees who, by virtue of their employment, have a higher chance of contracting the disease than the rest of the general population.

7.9.3   RESPONSIBILITY

The responsibility for establishing and maintaining a Tuberculosis Occupational Medical Monitoring Program in the field will be with the senior line manager at a region or at an emergency or special project, e.g., Regional Directors, Project Leaders, Emergency Program Coordinators, and Laboratory Directors. These managers may delegate in writing the operation of the program as described in Section 2. Supervisors will review all requests from employees for participation in this health monitoring program and approve the requests using APHIS Form 29, Supervisor's Request for Health Monitoring. Supervisors should base their decision on the employee's possible exposure to tuberculosis, using the criteria stated in 7.9.4.A. of this section.

7.9.4   PROGRAM REQUIREMENTS AND GUIDELINES

A.   It is mandatory that the following employees be included for tuberculosis monitoring:

1.   All APHIS employees working at ports of entry, mainly border ports and airports, where there is frequent contact with persons entering the United States from foreign countries.

2.   All APHIS employees who work with livestock, research facilities, and animal collectors.

3. All APHIS laboratory personnel who work with animals, livestock, or *Mycobacterium* species (sp.).

4. All APHIS employees assigned to or visiting foreign countries.

B. The Program should include:

1. An initial tuberculosis skin test using either the Mantoux or tine skin test before on-the-job exposure.

2. Testing once a year to detect recent exposure or disease.

3. A chest x-ray and sputum culture for any employee with a newly discovered positive skin test.

4. Testing whenever symptoms are indicative of tuberculosis, i.e., persistent cough, night sweats, or weight loss.

NOTE: A positive skin test does not, of itself, imply a disease process, but may indicate that an individual has been exposed to a *Mycobacterium* sp. sometime in the past. Those employees who have had Bacillus Calmette-Guerin (BCG) vaccine, a weakened strain of *M. tuberculosis*, should be given a chest x-ray only, the frequency of which is up to the discretion of the employee's physician. Individuals who do not have tuberculosis but are positive in skin testing could remain positive throughout their life.

Supervisors should be aware that employees may have to return to the tuberculosis skin testing unit 48 to 72 hours after the initial visit to have the test interpreted.

C. If possible, employees should be encouraged to use U.S. Military, U.S. Public Health Service, Veterans' Affairs, and other Federal, county, or municipal health units for their tuberculosis monitoring examinations. However, employees may use private physicians in locations where such health units do not exist.

D. Examinations authorized by a supervisor may be paid from the same APHIS funds as the employee's salary or from the unit's "all other" account. The fee must be reasonable and not in excess of the normal charge to the general public. Use APHIS Form 29, as outlined in Section 3.